

Work Order ID **V75894**

75894

Page 1

November-01-11 1:15:49 PM

Item ID: D212-664-101

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Crosstube Fwd

Start Date: 01/11/2011 Start Qty: 1.00

1

Cust Item ID:

Required Date: 21/11/2011 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals: Process Plan: MLJ

Date: 11/11/10

Tooling:

Date:

Run Start ***NR1***

QC:

Date:

SPC (Y/N):

Date:

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr

Revision Nbr

D212-664-141

Rev D (DEO)

100

100

DC

Document Control

DOCUMENT CONTROL

Memo

Photocopy bluefile and create labels as per PPP D212-664-101 CHG005

0.00

0.00

Handwritten: MLJ 11-12-7 (1)

110

110

Packaging

Packaging

Pick Kit

Packaging

Memo

0.00

0.00

Handwritten: JW 11-11-29

120

120

CNC Bend 2

CNC Alpha 160 Bender

BENDING MACHINE - CROSSTUBES

Memo

Bend tube as per Dwg D212-664-141 using CNC bender program 212-fw and Folio D212-664-101

0.00

0.00

Handwritten: JW 11-11-29

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Work Order ID 75894

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Item ID: D212-664-101

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Setup Start ***NS1***

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Start Date: 01/11/2011 Start Qty: 1.00

1

Cust Item ID:

Required Date: 21/11/2011 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start ***NR1***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130 *130* QC Quality Control	QC15- Crosstube Dimensional Check Memo	0.00 0.00							<u>0 B 11.11.29</u>
140 *140* Crosstubes Crosstubes	Crosstubes Memo 1-Drill pilot holes in tube as per Dwg D212-664-141 using drill Jig DT8548 & DT8549, using drill table DT8577, set-up towers in hole #7 as per QSI 10 2-Ream hole to finish size in tube as per Dwg D212-664-141 using drill Jig DT8548 & DT8549. Check dimensions between holes, both sides on both cuffs, to ensure alignment with saddle holes. 3-Scribe part # and batch # using vibrating stylus as per Dwg D212-664-141 4-Deburr & Inspect for surface damage. Repair damage within limits as per Dwg D212-664-141	0.00 0.00							<u>JW 11-11-29</u> <u>JW 11-11-29</u>

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DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

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Required Date: 21/11/2011 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start ***NR1***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
150	Crosstubes Chemical Conversion	0.00							
150									
HandFXtube	Memo	0.00							
Hand Finishing Crosstubes	Chemical Conversion Coat within 24 hours of bending and drilling								
160	QC5- Inspect part completeness to step on W/O	0.00							
160									
QC	Memo	0.00							
Quality Control									
170	Outsource process - NDT per QSI038 4.1	0.00							
170									
Outsource2	Memo	0.00							
Outsource process - NDT	Liquid Penetrant Inspection as per QSI 038 Issue P/O: <u>15585</u> LPI as per ASTM 1417 Level 2 Attach copy of NDT results to work order								

NO
TW

11-11-29

11 11 30 (1)

11-11-30

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

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Work Order ID 75894***75894***

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Cust Item ID:

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1

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start ***NR1***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
180	Receive & Inspect for Damage & Mat'l Certs	0.00							
180	Packaging								
Packaging	Memo	0.00							
Packaging	Ensure copy of NDT results attached to work order.								
190	QC5- Inspect part completeness to step on W/O	0.00							
190									
QC	Memo	0.00							
Quality Control	Inspect for damage & ensure results are as per Dwg D212-664-141								

W/O:		WORK ORDER CHANGES					
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Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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N900040100

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Stop ***NS2***

Item Name: Crosstube Fwd

Start Date: 01/11/2011 Start Qty: 1.00

1

Cust Item ID:

Required Date: 21/11/2011 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Run Start ***NR1***

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
200	Spray Painting per QSI005 4.2	0.00							
200	SprayPaint								
Spray Painting	Memo	0.00							
	1-Prime inside and outside crosstube as per QSI 005 4.2								
	2-Paint outside crosstube as per DEO D212-667-141 with White Imron as per QSI 005 4.2								
	PRIME:								
	Start Time: <u>8:5</u>								
	Finish Time: <u>11-12-01</u>								
	PAINT:								
	Start Time: <u>3:30</u>								
	Finish Time: <u>5:00</u>								
210	QC14- Inspect Spray Paint	0.00							
210	QC								
Quality Control	Memo	0.00							
	Then, Wrap in plastic bag to protect from scratches								

W 11 12 05 (1)

18 11-12-06 (1)

W/O:		WORK ORDER CHANGES					
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Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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75894

November-01-11 1:15:49 PM

N900040100

Setup Start *NS1*

Stop *NS2*

Cust Item ID:

1

*** 1 ***

Customer:

Reference:

Run Start *NR1*

Stop *NR2*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

220

220

Crosstubes

Crosstubes

Crosstubes

Memo

1-Abrade mating surfaces of support and crosstube with 400 grit sandpaper, clean the area with 4105S wash 'n' wipe

2-Install supports with Proseal 890 per DSI9563 and QSI 015
A/R Proseal 890 Batch: 119396 exp. 05/12

3- Torque bolts as per dwg \checkmark 11.12.07 (1)

0.00

0.00

Tool #

**Plan
Code**

**Accept
Qty**

Reject
QtyReject
Number

**Insp.
Stamp**

230

230

OC

Quality Control

QC6- Inspect dimensions to drawing

0.00

Memo

0.00

240

240

Packaging

Packaging

Pick Kit

0.00

Memo

0.00

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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NOTE: Date & initial all entries

Work Order ID 75894

75894

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November-01-11 1:15:49 PM

Item ID: D212-664-101 Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: Crosstube Fwd
 Start Date: 01/11/2011 Start Qty: 1.00 ***1*** Cust Item ID:
 Required Date: 21/11/2011 Req'd Qty: 1.00 ***1*** Customer:
 Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
250 *250* QC Quality Control	QC4- 100% Inspect kits for completeness Memo	0.00 0.00		8/12/08		<u> <i>TC</i> </u>			
260 *260* Packaging Packaging	Packaging Memo Identify and pack for shipping as per PPP D212-664-101	0.00 0.00		Reut		<u> <i>TC</i> </u>			
270 *270* QC Quality Control	QC21- Final Inspection - Work Order Release Memo	0.00 0.00							<u> <i>MF</i> </u> 11-12-08

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
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NOTE: Date & initial all entries

Picklist Print

November-01-11 1:15:53 PM

Page 1

Work Order ID: 75894

75894

Parent Item: D212-664-101

D212-664-101

Parent Item Name: Crosstube Fwd

Start Date: 01/11/2011

Required Date: 21/11/2011

Start Qty: 1.00

Required Qty: 1.00

Comments:

IPP Rev:E04.02.16ReformatKJ/DS

IPP Rev:F 06-03-29 Remove Coments on Pick List JLM

IPP Rev:G 07-04-30 As per Rev C JLM IPP Rev:H

11.04.26 inspection strip ecn 11-549 EC verified by:DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
---------------------------------	------------------------	---------------	-------------	---------------------	------------------	-----------------	--------------------	----------------	-------------	--------------	---------------	----------------	--------

~~D212-664-101TRN~~

Manufactured

No

110

Each

0.0000

1

1

D212-664-101TRN

Crosstube Turning Detail

~~D3595-063-450~~

Manufactured

No

230

Each

81.7600

4

4.210526

D3595-063-450

RUBBER CUSHION

Location

Loc Qty

Loc Code

LG

81.76

67353

3

68893

6

70113

0.56

71354

0.2

74113

72

~~MS21920-25~~

Purchased

No

220

Each

68.0000

4

4

MS21920-25

Clamp(per MIL-DTL-8783C)

Location

Loc Qty

Loc Code

LG

62

113281

0

113282

0

118142

4

118183

8

119339

50

LG050

6

116264

2

117998

4

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

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Picklist Print

November-01-11 1:15:53 PM

Work Order ID: 75894

75894

Parent Item: D212-664-101

D212-664-101

Parent Item Name: Crosstube Fwd

Start Date: 01/11/2011

Required Date: 21/11/2011

Start Qty: 1.00

Required Qty: 1.00

D2893-1 Manufactured No

220 Each

3.0000

2

2

D2893-1

2.75 Support

R# 76250

**

11.12.06

Location

Loc Qty

Loc Code

LG052

3

72865

3

D3428-1 Manufactured No

240

Each

13.0000

1

1

D3428-1

Placard

**

376 508

Location

Loc Qty

Loc Code

ST053

13

73498

13

AN6-35A Purchased No

240

Each

86.0000

4

AN6-35A

BOLT

**

sl

Location

Loc Qty

Loc Code

ST342

86

118422

6

118838

30

119449

50

AN6-36A Purchased No

240

Each

87.0000

4

AN6-36A

Bolt

**

11/12/11

Location

Loc Qty

Loc Code

ST342

87

118012

1

118422

6

118838

30

119449

50

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

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Picklist Print

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Work Order ID: 75894

75894

Parent Item: D212-664-101

D212-664-101

Parent Item Name: Crosstube Fwd

Start Date: 01/11/2011

Required Date: 21/11/2011

Start Qty: 1.00

Required Qty: 1.00

MS21042L6

Purchased

No

240

Each

1,672.000

6

**

MS21042L6

Location

Loc Qty

Loc Code

ST300

672

117677

25

118384

5

118927

48

118968

594

ST518

1000

119075

1000

AN960JD616

NAS1149D0663J

Purchased

No

240

Each

0.0000

18

**

AN960JD616

Washer

119075

11/12/11

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

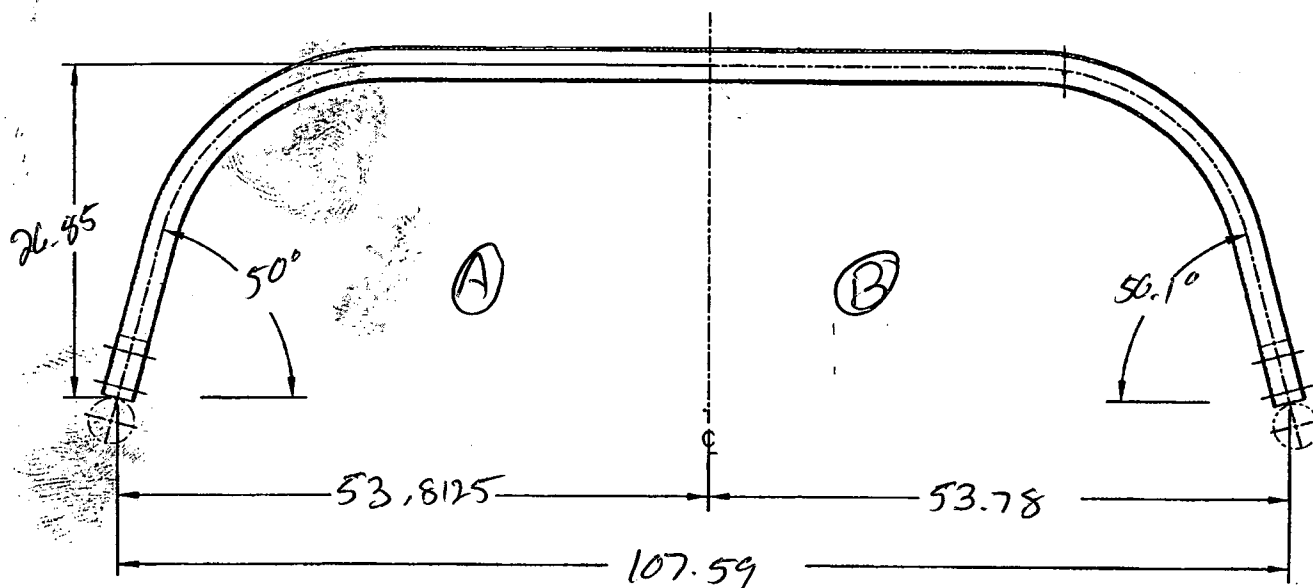
Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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DART AEROSPACE LTD		Work Order:	75894
Description: Crosstube High Fwd (205/212/412)		Part Number:	D212-664-101
Inspection Dwg: D212-664-141 Rev: D		Page 1 of 1	

Required Dimension	Min	Max
Height	26.79	27.05
1/2 Span	53.59	53.85
Angle	49	52
Total Span	107.18	107.7



①	16 passes	Comments
		4.4% crushing
②	16 passes	
		4.2% crushing

QC15 Inspection	12
Date	11.11.29

Rev	Date	Change	Revised by	Approved
A	07.02.06	New Issue	KJ/JM	
B	07.05.31	Dimensions updated per Dwg Rev C	KJ/JM	
C	10.04.01	Dwg Rev updated	KJ	

W/O:		WORK ORDER CHANGES					
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Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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NOTE: Date & initial all entries

8 7 6 5 4 3 2 1



Item	Qty -141	Qty -141B	Part Number	Description
1	X		D212-664-141	CROSSTUBE ASSEMBLY (205/212/412 HIGH FWD)
2		X	D212-664-141B	CROSSTUBE ASSEMBLY (214 HIGH FWD)
3	1	1	D6005-128	CROSSTUBE
4	2	2	D2893-1	SUPPORT
5	4	4	D3595-063-450	RUBBER CUSHION
6	4	4	MS21920-25	CLAMP (OR MS21920-26)
7	A/R	A/R	MAGNOBOND 6398	ROCKWELL SPECIFICATION RBO-120-023 ADHESIVE (TEXTRON/BELL SPEC. 299-947-100, TYPE II, CLASS 2 ADHESIVE)

GENERAL NOTES:

- 1) MATERIAL: MANUFACTURED FROM D6005-128
FINISHED LENGTH = 126.514±0.020
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2
PAINT OUTSIDE PER DART QSI 005 4.2
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED.
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX.
- 6) IDENTIFICATION: SCRIBE DART PART NUMBER "D212-664-XXX" AND BATCH NUMBER ON INSIDE OF CUFF
USING VIBRATING STYLUS
- 7) WEIGHT: D212-664-141 = 33.6 lbs (PER IIN-D212-664)
D212-664-141B = 33.6 lbs (PER IIN-D212-664)
- 8) PART IS SYMMETRIC ABOUT CENTERLINE.
- 9) RUN CUTTER OFF PART. BLEND OUT EDGE LONGITUDINALLY. TRANSITION SHOULD BE SMOOTH.
- 10) BEND PROGRESSIVELY WITH A MINIMUM OF 3 PASSES. MAXIMUM TUBE FLATTENING DUE TO BENDING IS
6% BASED ON O.D.
- 11) LIQUID PENETRANT INSPECT OUTSIDE SURFACE OF CROSSTUBE PER QSI 038.
- 12) INSTALL D2893-1 SUPPORT USING 0.03" TO 0.06" THICK LAYER OF MAGNOBOND 6398 TO THE SURFACE OF
D2893-1 THAT WILL BE IN CONTACT WITH THE CROSSTUBE PER QSI 015. LET CURE FOR 12 HOURS AFTER
INSTALLATION AND PRIOR TO PACKAGING.
- 13) INSTALL MS21920-25 CLAMPS (OR -26) WITH D3595-063-450 RUBBER CUSHIONS TO SECURE THE D2893-1
SUPPORT ON TOP SIDE OF THE CROSSTUBE. ENSURE CLAMPS ARE OPPOSITE OF CROSSTUBE
SUPPORT.
- 14) EXTREME CARE MUST BE TAKEN TO PROTECT THE OUTSIDE SURFACE OF THE TUBE. THE OUTSIDE
SURFACE MUST BE SMOOTH AND FREE FROM SURFACE DEFECTS SUCH AS SCRATCHES, NICKS, OR
DENTS. DEFECTS UP TO 0.005" MAY BE BLENDED OUT LONGITUDINALLY. CIRCUMFERENTIAL GRIND
MARKS ARE UNACCEPTABLE.
- 15) TORQUE CLAMPS 80 TO 100 IN-LB. ENSURE AT LEAST 1.5 THREADS SHOWING IN SAFETY AND THAT NUT
HAS NOT BOTTOMED-OUT AFTER TORQUING.

SHOP COPY
RETURN TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK ORDER
NO. 75894 M.L.J
11/11/01

REMOVED FROM UNDER REVIEW 900
UNDER REVIEW ECN# 11-614
28.07.26
FOR PROTECTING TAPET

DEO ATTACHED

RELEASED
2009-10-29
NR

D	REFORMAT/REVISE GENERAL NOTES/PART LIST; REORGANIZED VIEWS AND REFORMATTED DRAWING TO CURRENT STANDARDS; ADD -141B (ZN B4-2, D4-2); REMOVED REF & ADD TOLERANCES (ZN B4-3, C6-3, C8-3 & B6-3); RELOCATED FLAG #6 PER PAR 08-046 (ZN A5-3); MOVED TURNING DETAIL & UPDATED TOLERANCE TO SHEET 4	RF	09.09.30
C	REMOVE -851 ABRASION STRIP; ADD MAGNOBOND 6398, CUSHION, REVERSE CLAMPS	PH	07.03.08
B	ADD HOLES FOR COMPATABILITY WITH BHT/AA SKIDTUBES	PH	05.02.04
A	NEW ISSUE	PH	00.12.12
REV.	DESCRIPTION	BY	DATE
DESIGN	PH	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF		
CHECKED	PH	DRAWING NO.	REV. D
MFG. APPR.	PH	D212-664-141	SHEET 1 OF 4
APPROVED	PH	TITLE	SCALE
DE APPR.	PH	XTUBE ASS'Y (205/212/412 HI FWD)	NTS
DATE	09.09.30	COPYRIGHT © 2000 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR REPRODUCED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	

8 7 6 5 4 3 2 1

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

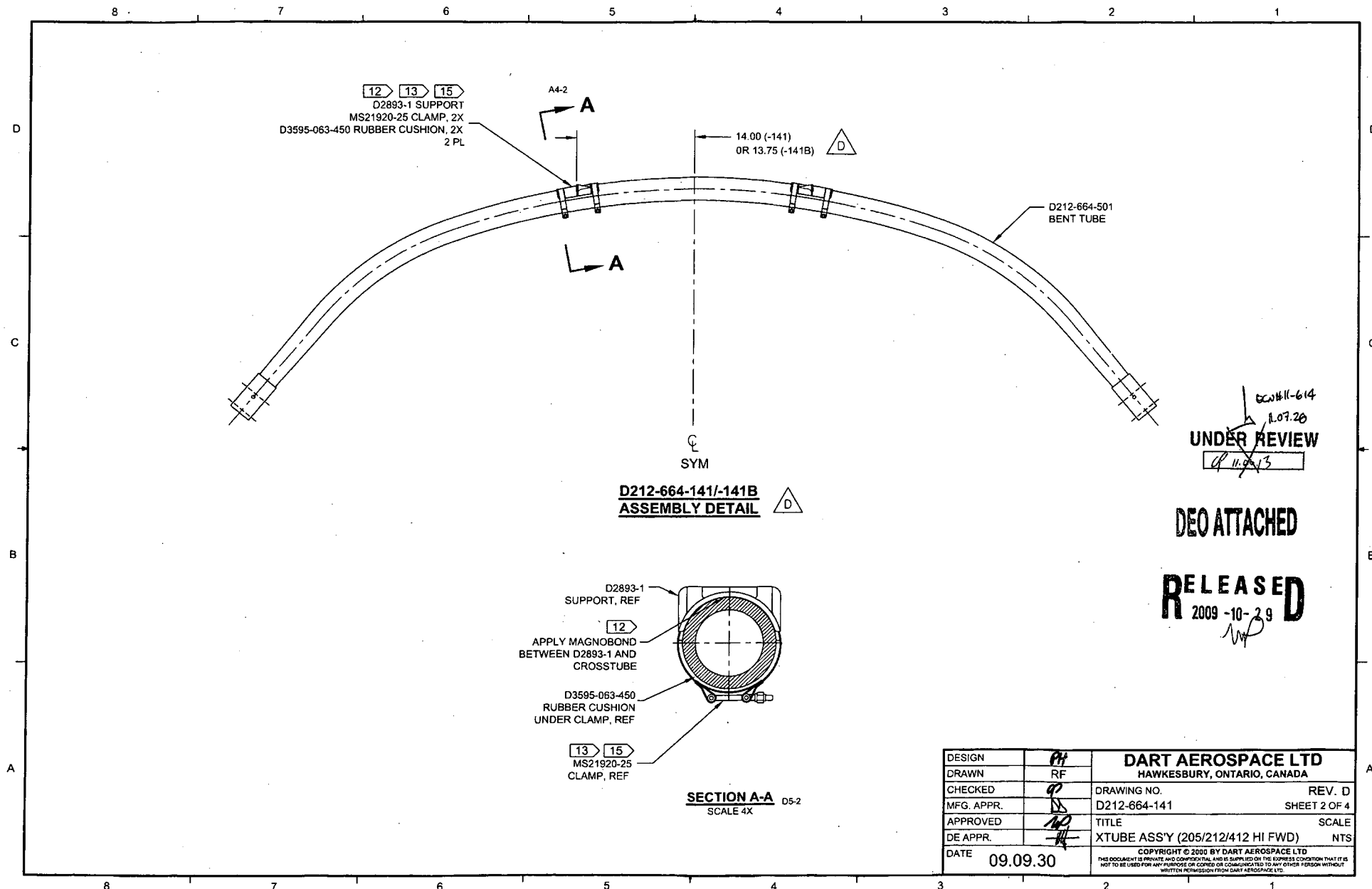
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Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

75894



DCN 11-614
1.07.20
UNDER REVIEW
CP 11.09.13

DEO ATTACHED
RELEASED
2009-10-29
WPD

DESIGN	PH	DART AEROSPACE LTD	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	Q	DRAWING NO.	REV. D
MFG. APPR.	DS	D212-664-141	SHEET 2 OF 4
APPROVED	W	TITLE	SCALE
DE APPR.	H	XTUBE ASS'Y (205/212/412 HI FWD)	NTS
DATE	09.09.30	COPYRIGHT © 2000 BY DART AEROSPACE LTD	
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W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

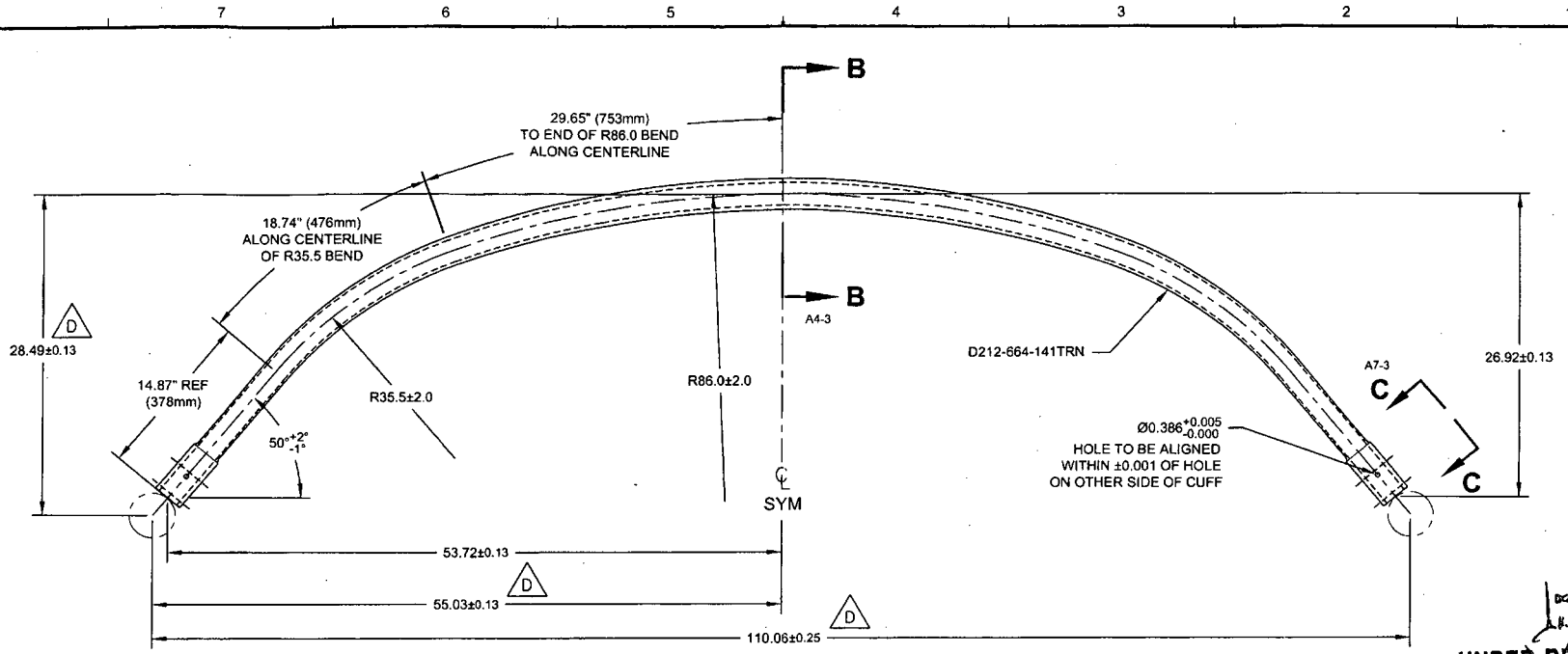
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Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

75894

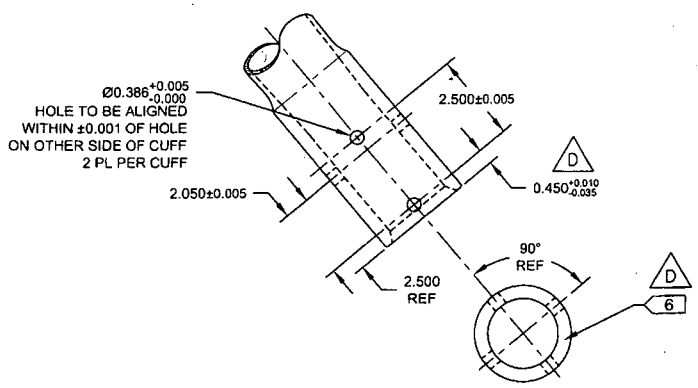


D212-664-501
BENDING AND DRILLING DETAIL

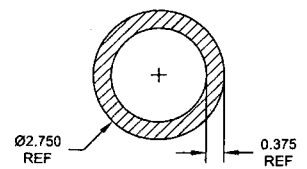
00211-64
11.07.20
UNDER REVIEW
11.06.13

DEO ATTACHED

RELEASED
2009-10-29



VIEW C-C: CUFF DETAIL C2-3
SCALE 3X



SECTION B-B C4-3
SCALE 4X

DESIGN	PH	DART AEROSPACE LTD	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	Q	DRAWING NO.	REV. D
MFG. APPR.	DS	D212-664-141	SHEET 3 OF 4
APPROVED	JP	TITLE	SCALE
DE APPR.	JP	XTUBE ASS'Y (205/212/412 HI FWD)	NTS
DATE	09.09.30	COPYRIGHT © 2006 BY DART AEROSPACE LTD	
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W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

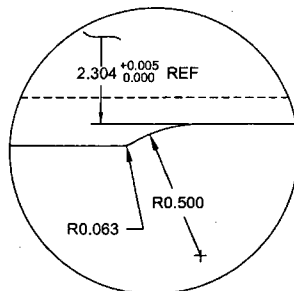
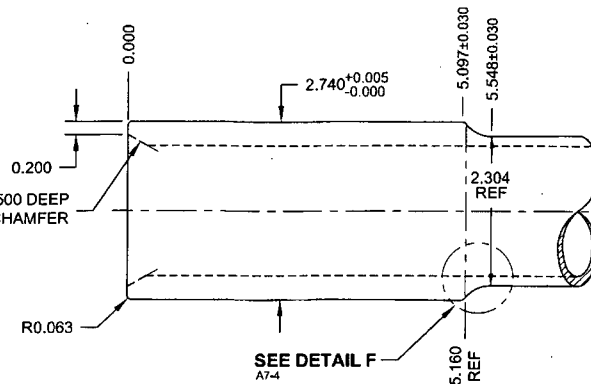
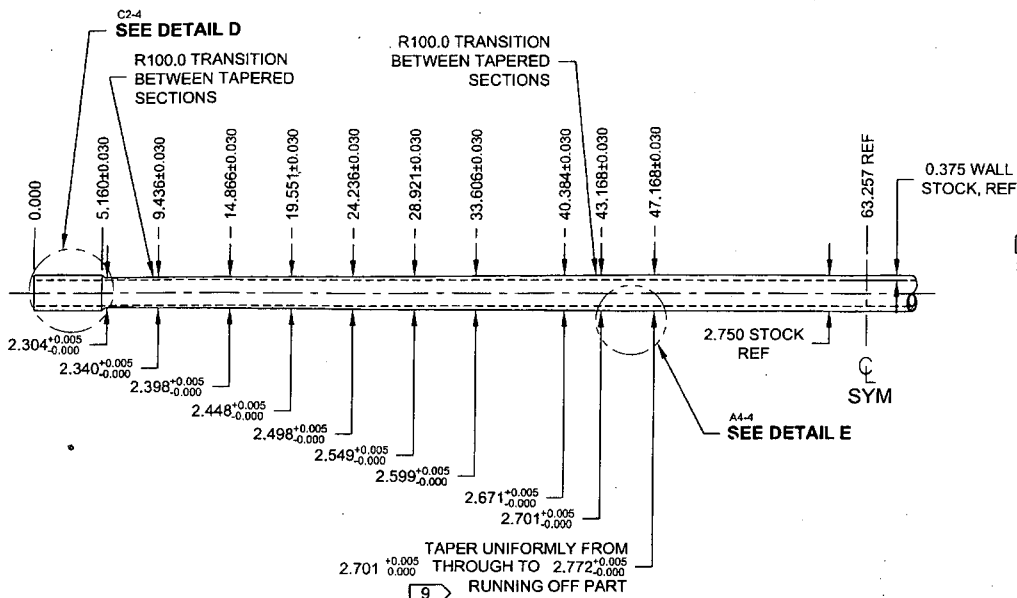
Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

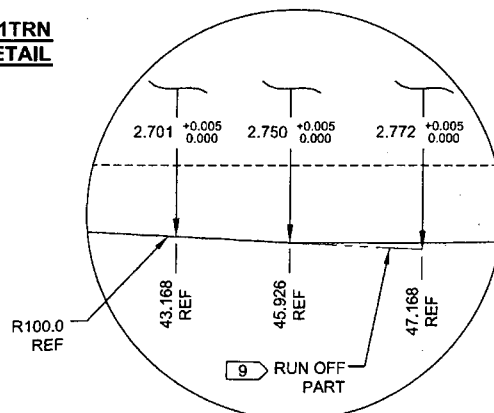
NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

75894



D212-664-141TRN
TURNING DETAIL



UNDER REVIEW
11.06.13

DEO ATTACHED

RELEASED
2009-10-29

DESIGN	DT	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF		
CHECKED	GP	DRAWING NO.	REV. D
MFG. APPR.	DS	D212-664-141	SHEET 4 OF 4
APPROVED	AP	TITLE	SCALE
DE APPR.	TH	XTUBE ASS'Y (205/212/412 HI FWD)	NTS
DATE	09.09.30	COPYRIGHT © 2005 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COMING OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

75854

DRAWING NO. D212-664-141	TITLE XTUBE ASSY (205/212/412 HI FWD)	REV. D	DART AEROSPACE LTD ENGINEERING ORDER		D.E.O. NO. D212-664-141-D-1	SHEET NO. SHEET 1 OF 2	SCALE NTS
DRAWN	CHECKED	MP	MFG. APPR.	ER	APPROVED	MP	DE APPR.
DATE 11.04.07	DATE 11.04.11		DATE 11.04.12		DATE 11/04/12		DATE 11.04.12

PURPOSE:

ADD AN INSPECTION WINDOW TO UNDERSIDE OF CROSSTUBE.

CHANGE:

NOTES 2 OF SHEET 1 IS AMENDED AS FOLLOWS:

IS:

- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2
MASK UNDERSIDE OF CROSSTUBE AS SHOWN (HATCHED AREA) AND
PAINT OUTSIDE PER DART QSI 005 4.2
REMOVE MASKING AND APPLY CLEAR COAT

WAS:

- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2
PAINT OUTSIDE PER DART QSI 005 4.2

RELEASED
2011-04-18

UNDER REVIEW

14/05.13
12 02.11.614
11.07.28

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

75894

DRAWING NO. D212-664-141	TITLE XTUBE ASSY (205/212/412 HI FWD)	REV. D	DART AEROSPACE LTD ENGINEERING ORDER	D.E.O. NO. D212-664-141-D-1	SHEET NO. SHEET 2 OF 2	SCALE NTS
DRAWN	CHECKED <i>CP</i>	MFG. APPR. <i>CE</i>	APPROVED <i>WPD</i>	DE APPR. <i>WPD</i>		
DATE 11.04.07	DATE 11.04.11	DATE 11.04.12	DATE 11/04/12	DATE 11.04.12		

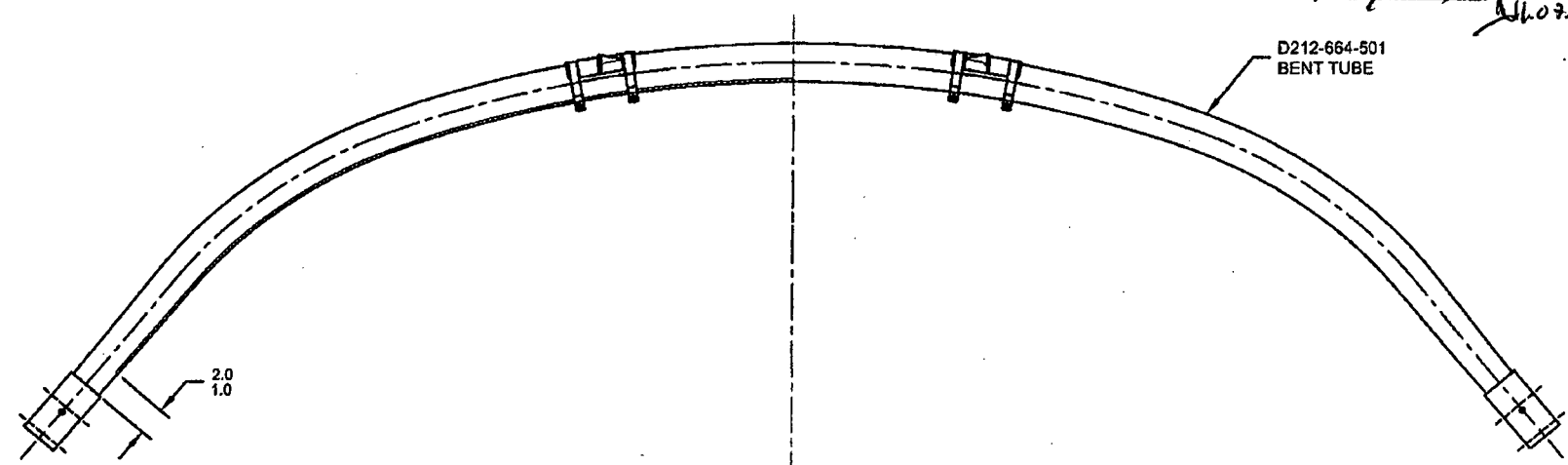
IS:

WAS:

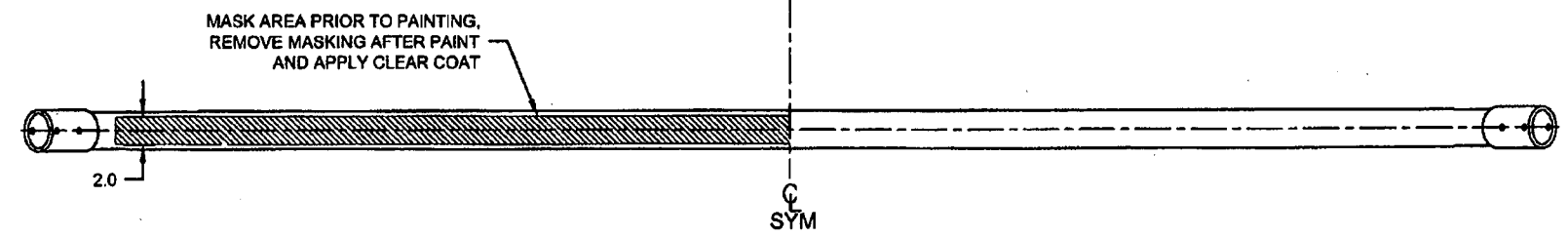
UNDER REVIEW

9/11/06.13

*ECO# 11-614
11.07.28*



**D212-664-141/-141B
ASSEMBLY DETAIL**



W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

75894

DRAWING NO. D212-664-141	TITLE CROSSTUBE ASS'Y (205 HI FWD)	REV. D	DART AEROSPACE LTD ENGINEERING ORDER		D.E.O. NO. D212-664-141-D-2	SHEET NO. SHEET 1 OF 1	SCALE NTS
DRAWN <i>UP</i>	CHECKED <i>AS</i>	MFG. APPR. <i>AS</i>	APPROVED <i>MD</i>	DE APPR. <i>MD</i>			
DATE 11.07.15	DATE 11.07.20	DATE 11.07.21	DATE 11/07/21	DATE 11.07.21			

PURPOSE:

REPLACE MAGNOBOND WITH PROSEAL.

CHANGE:

IS:

Item	Qty -141	Qty -141B	Part Number	Description
7	A/R	A/R	PROSEAL 890 B-2	SEALANT, AMS-S-8802 CLASS B-2

WAS:

7	A/R	A/R	MAGNOBOND 8398	ROCKWELL SPECIFICATION RBO-120-023 ADHESIVE (TEXTRON/BELL SPEC. 299-947-100, TYPE II, CLASS 2 ADHESIVE)
---	-----	-----	----------------	---

NOTE 12 & 15, SHEET 1 IS AMENDED AS FOLLOWS:

IS:

- 12) TO INSTALL D2893-1 SUPPORT: ABRASE MATING SURFACE OF SUPPORT AND CROSSTUBE WITH 180-GRIT SANDPAPER AND REMOVE RESIDUE WITH MEK (OR EQUIVALENT). APPLY A 0.04" TO 0.07" THICK LAYER OF PROSEAL 890 CLASS B-2 (OR AMS-S-8802 CLASS B-2) SEALANT TO MATING SURFACE OF SUPPORT.
- 15) TORQUE CLAMPS 80 TO 100 IN-LB. ENSURE AT LEAST 1.5 THREADS SHOWING IN SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING. **PRIOR TO PACKAGING, RE-CHECK TORQUE ON CLAMPS AFTER PROSEAL 890 SEALANT HAS CURED FOR 72 HOURS.**

WAS:

- 12) INSTALL D2893-1 SUPPORT USING 0.03" TO 0.08" THICK LAYER OF MAGNOBOND 8398 TO THE SURFACE OF D2893-1 THAT WILL BE IN CONTACT WITH THE CROSSTUBE PER QSI 015. LET CURE FOR 12 HOURS AFTER INSTALLATION AND PRIOR TO PACKAGING.
- 15) TORQUE CLAMPS 80 TO 100 IN-LB. ENSURE AT LEAST 1.5 THREADS SHOWING IN SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING.

RELEASED
2011-07-28

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries



LIQUID PENETRANT TEST REPORT

P- 12241

CLIENT	<u>DART Aerospace</u>	DATE	<u>NOVEMBER 30, 2008</u>	PAGE	<u>1</u>	OF	<u>1</u>
ATTENTION	<u>CHARLIE L.</u>	ACUREN JOB NO.	<u>188-11-0795</u>	TIME	AM <input checked="" type="checkbox"/>	PM <input type="checkbox"/>	
ADDRESS	<u>1770 ABERDEEN ST.</u>	PO/VO No.	<u>15424 15585</u>				
	<u>HAWKES BAY, ON.</u>	WORK LOCATION	<u>SAME</u>				
PROJECT	<u>F.P.I.</u>	ACCEPTANCE STD.	<u>ASTM 1417/BSI-C38</u>	REV./DATE	<u>2005</u>		
ITEM(S) EXAMINED	<u>ON CROSS TUBES</u>						

JOB DESCRIPTION	PROCEDURE No. LT <u>0012</u> REV./DATE <u>2008</u>	TECHNIQUE No. LT <u>0012</u> REV./DATE <u>2008</u>
PART NO.	<u>SEE RESULTS</u>	MATERIAL <u>VARIOUS ALUMINUM</u> THICKNESS <u>VARIOUS</u>
SCOPE	<u>A WET FLUORESCENT LIQUID PENETRANT INSPECTION WAS CARRIED OUT WITH EXT. STEEL</u>	

TEST DETAILS			
METHOD	<input checked="" type="checkbox"/> FLUORESCENT	<input type="checkbox"/> VISIBLE	<input checked="" type="checkbox"/> WATER WASH
FAMILY BRAND	<u>UAGNA FLUX</u>		<input type="checkbox"/> SOLVENT REMOVABLE
PENETRANT	<u>2LG7</u>	MINIMUM DWELL TIME <u>45</u> MIN.	<input type="checkbox"/> POST EMULSIFIED
PENETRANT REMOVER	<u>H2O</u>	MINIMUM DRY TIME <u>>10</u> MIN.	BLACK LIGHT S/N <u>16459</u>
DEVELOPER	<u>SK552</u>	MINIMUM DWELL TIME <u>10</u> MIN.	<input type="checkbox"/> OUTPUT > 1000 μ W/CM ²
DEVELOPER TYPE	<input checked="" type="checkbox"/> NON AQUEOUS	<input type="checkbox"/> AQUEOUS	<input type="checkbox"/> AMBIENT < 2 fc
	<input type="checkbox"/> DRY		LIGHTING EQUIP. <input type="checkbox"/> FLASHLIGHT <input type="checkbox"/> TROUBLELIGHT <input type="checkbox"/> OUTPUT > 100 fc @ SURFACE
			OTHER
			LIGHT METER S/N <u>1098866</u> CAL DUE DATE <u>FEB 2 2012</u>

TEST SURFACE			
SURFACE CONDITION	<input type="checkbox"/> AS GROUND	<input type="checkbox"/> AS WELDED	<input checked="" type="checkbox"/> MACHINED
	<input type="checkbox"/> SHOT BLASTED	<input type="checkbox"/> CLEAN BARE METAL	
SURFACE TEMPERATURE	<input type="checkbox"/> < -4°C/ 20°F	<input type="checkbox"/> -4°C/ 20°F TO 10°C/50°F	<input checked="" type="checkbox"/> 10°C/50°F TO 52°C/125°F
	<input type="checkbox"/> > 52°C/125°F		
RESULTS-	<input checked="" type="checkbox"/> METRIC <input type="checkbox"/> IMPERIAL		

1 CROSS TUBE W.O. 74665 ✓	
1 CROSS TUBE W.O. 77231 ✓	
1 CROSS TUBE W.O. 75893 ✓	
1 CROSS TUBE W.O. 75894 ✓	
1 CROSS TUBE W.O. 74329 ✓	
1 CROSS TUBE W.O. 74328 ✓	

Scope of Services
The agreement of Acuren Group Inc. to perform services extends only to those services provided for in writing. Under no circumstances shall such services extend beyond the performance of the requested services. It is expressly understood that all descriptions, comments and expressions of opinion reflect the opinions or observations of Acuren Group Inc. based on information and assumptions supplied by the owner/operator and are not intended nor can they be construed as representations or warranties. Acuren Group Inc. is not assuming any responsibilities of the owner/operator and the owner/operator retains complete responsibility for the engineering, manufacture, repair and use decisions as a result of the data or other information provided by Acuren Group Inc. In no event shall Acuren Group Inc.'s liability in respect of the services referred to herein exceed the amount paid for such services.

Standard of Care
In performing the services provided, Acuren Group Inc. uses the degree, care and skill ordinarily exercised under similar circumstances by others performing such services in the same or similar locality. No other warranty, expressed or implied, is made or intended by Acuren Group Inc.

SIGNATURES		DTR # <u>E03653</u>
CLIENT REPRESENTATIVE	<u>Ray Tittley</u> PRINT	SIGNATURE
TECHNICIAN (SIGNATURE):	<u>Mike J. Haskin</u>	REPORT REVIEWED BY:
NAME (PRINT):	<u>Mike J. Haskin</u>	NAME INITIALS
CGSB LEVEL <u>II</u> SNT LEVEL <u>II</u>	CGSB LEVEL <u>II</u> SNT LEVEL <u>II</u>	
CGSB REG. NO. <u>6606</u>	CGSB REG. NO. <u>6606</u>	

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CANARY - OFFICE COPY

PINK - TECHNICIAN COPY

GOLD - OFFICE COPY